

City of Cambridge
Community Development Department
344 Broadway, Cambridge, MA 02139
Attention: PTDM Planning Officer

**Parking and Transportation Demand
Management Plan Property Transfer Form**

Name and Address of Transferee _____
_____ Telephone _____

Name and Address of Approval Holder _____
_____ Telephone _____

Name and Address of Facility _____
_____ Telephone _____

Date of Current PTDM Plan Approval _____

Instructions for Transferee: Complete either Section A or Section B within thirty (30) days of title transfer. Attach information about changes in use of the parking facility and associated buildings. If completing Section B, attach proposed revisions to approved plan.

Section A

- ☐ I certify that I have reviewed and agree to implement the approved Parking and Transportation Demand Management plan for this facility.
- ☐ I understand the commitments made in the approved PTDM plan, including the commitment not to exceed a Single-Occupant Vehicle mode split of _____ % for this facility.
- ☐ I understand that failure to implement the approved PTDM plan may result in enforcement actions per the Parking and Transportation Demand Management Ordinance.

Transferee Signature and Title _____
Date _____

Section B

- ☐ I understand that the facility being transferred is subject to the Parking and Transportation Demand Management Ordinance. Having reviewed the approved PTDM plan, I believe that revisions to the approved plan are warranted and I am submitting a revised plan for approval. I understand that pending amendment of the approved plan or approval of a replacement plan, the approved plan is still in effect and I am responsible for its implementation.

Transferee Signature and Title _____
Date _____
